

THE CITY OF KILLEEN – BUILDING AND INSPECTIONS DIVISION P. O. Box 1329,101 North College Street (254) 501-7762/Fax (254) 634-2484

APPLICATION FOR CONSTRUCTION PERMIT AND PLANS REVIEW

PROJECT ADDRESS		Project Name	
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Decomption	l Bi cov	Supplyfold	
LEGAL DESCRIPTION	EGAL DESCRIPTION LOT BLOCK SUBDIVISION		
OWNER NAME		Address	PHONE
CONTRACTOR		Address	Phone
ARCHITECT OR DESIGNER		Address	Phone
DESCRIBE WORK		Us	E OF BUILDING
CLASS OF WORK ☐ NEW	ADDITION FINISH OUT SHELL RE	MODEL DEMOLISH DTHER:	
Type of Construction	OCCUPANCY GROUP	NUMBER OF STORIES	BUILDING SIZE TOTAL SQ FT
FLOOD ZONE	ZONE DISTRICT	FIRE SPRINKLERS REQUIRED	MAXIMUM OCC. LOAD
□ YES □ NO	ZONE DISTRICT	☐ YES ☐ NO	WIAXIMUW OCC. LOAD
=	Number 1	T ==== N	D
TYPE OF BUILDING:	PERMITS REQUESTED: VALUATION:	FEES: PERMIT NUMB	ER DATE
SINGLE FAMILY	BUILDING \$	<u> </u>	
Modular	ELECTRICAL \$		
SINGLE FAMILY	MECHANICAL \$	l	
	PLUMBING \$		
Townhouse	Gas \$		
DUPLEX	FIRE SPRINKLER \$		
DOPLEX	PLANS REVIEW \$ <u>N/A</u>		
MULTI-FAMILY	SUB TOTAL VALUE \$		
# UNITS	TEMP POLE \$		
Mobile Home	PAVING \$		
INIORITE LIOME	Fence \$		
COMMERCIAL	LAWN SPRINKLER \$		
MANUFACTURED HOUSING	STORAGE SHED \$		
	TEMPORARY FINAL \$N/A		
	CERT OF OCCUP \$N/A		
OTHER	LANDSCAPING \$ <u>N/A</u>		
(SPECIFY)	VENT A HOOD I \$		
	VENT A HOOD II \$		
	FLOOD PLAIN \$		
	PooL \$		
	\$		\$ Total Fees Due
NOTICE			
NOTICE I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.			
(PRINT)(SIGNATURE)			
APPROVED □ YES □ NO BY: DATE:			
ALTROVED LIEG LING DI. DATE.			